S. No. 1

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N. B.

PLACE OF DEATH	STATE OF MARYLAND
County Somewark	CERTIFICATE OF DEATH
	Registration Dist. No. 26/
Village or City William (No.	
	St.: Ward) (If death occurred in a hospital or institution, give its NAME in stead of street and
2 FULL NAME frederich alvu To	number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE.	16 DATE OF DEATH
Mole Sol WIDOWED.	, 192
(Write the word)	(Month) (Day) 3 (Year)
6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended the deceased from
(D) 1919	9-1954.09-9-,195.7.
(Month) (Day) (Yedr) 7 AGE	that I last saw have alive on 7 193
If LESS than	and that death occurred on the date stated above, at
12 yrs. mos. 4cd ds. or min.	
8 OCCUPATION	
(a) Trade, profession or atturby	***************************************
(b) General nature of industry	
business, or establishment in which employed or (employer)	(Duration) yrs, mos Jakads.
9 BIRTHPLACE	Contributory
(State or country)	Secondary
10 NAME OF	(Duration) yrs. mos 2 tured
FATHER JUSTICA BOLLOWS	(Signed) M. D.
0 11 BIRTHFLACE	192 (Address)
Z (State or country)	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether
12 MAIDEN NAME OF MOTHER	Accidental, Suicidal or Homicidal. 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
13 BIRTHPLACE	ients or Recent Residents)
OF MOTHER MI	At place In the State yrs mos ds.
(State or Country)	Where was disesse contracted,
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of dealh?
(Informant) La DA	usual residence
(Address) Melencon A	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL PLANS Charles Lucaston 9/1/1932
15 al 2010 1 Pt	20-UNDERTAKER / / ADDRESS
Filed 7// 0 1927 Murelia / 1, Tall Son	Chas H Ward Marion My
If more blanks are useded, address State Registral	, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. The queser," etc., without more present a laborer, Farrn laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the state occupation at beginning of illness. If retired from household only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Housework, or At Home, and children, not gainfully em-Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it cases, especially in industrial employments, it is necesthe first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. tired 6 yrs). business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed ployed, as At school, or At home. Care should be taken Never return "Laborer," "Foreman," "Manager," "Dealnature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the Civil engineer, Physician, Compositor, Architect, Locomotive engineer, to report specifically the occupations of persons enworked on may form part of the second statement. For many occupations a single word or term on For persons who have no occupation Stationary fireman, etc. But in many

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

tetanus) may be stated under the head of "contributory." inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid accident; Revolver wound of head-homicide; Poisoned by "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("Exhaustion," "Heart failure," "Haemorrhage," ("Inanition," "Marasmus," "Old Age," "Shock," stated unless important. use of "Tumor" for malignant neoplasms); American Medical Association.) approved by Committee on Nomenclature of the (Recommendations on statement of cause of death as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was under-"PUERPERAL seplicaemia," "PUERPERAL perilonilis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) Chronic interstitial nephritis, Whooping cough; unqualified, is indefinite); Tuberculosis of lungs, men-"Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS State MEANS OF INJURY Chronic valvular heart disease; Example: Measles (disease affection need not be etc. The contributory Measles ;

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

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should state of OCCUPA-

1. PLACE OF DEATH	CERTIFICATE OF BEATTI 10140
County Somensel	Registration Dist. No.
Village or City WENONA, MD.	NoSt,Ward f death occurred in a horpital or institution, give its NAME instead of street and number)
	ds. How long In U.S. it of foreign birth?yrsmosds.
2. FULL NAME Paylis Bendo	1
	Ot Wd
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH
5a. If married, widowed, or divorced	
HUSBAND of (or) WIFE of	22. HEREBY CERTIFY. That Vattended deceased from
10-11-11-11-11	1937, to 1937
6. DATE OF BIRTH (month, day, and year) UC . 3/ 1929.	I last saw h_[] alive on, 19/3_ 2; death is said
7. AGE Years Months Days If LESS than 1 day, hrs.	to have occurred on the date stated above, atm. The PRINCIPAL CAUSE OF DEATH and related causes of importance
\$2 3 or min.	were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER.	Laryngeal 1 Soft
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	J. Vipsillina
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.	
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked et this occupation (month and	Mpmyra
this occupation (month and spent in this occupation	
73 N - M -	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) / A A A A A A A A A A A A A A A A A A	
13. NAME / Ollin / Ollin	
13. NAME / OLLA 70 LOVA 14. BIRTHPLACE (city or town) DEALS ISLAND, MD. (State or country)	Name of operation Oate of
(State of country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIOEN NAME DECEMBER 15. MAIOEN NAME DECEMBER 16. BIRTHPLACE (city or town) DEACS ISLAND, MD.	23. If death was due to external causes (VIOLENCE) fill in also the following:
5 16. BIRTHPLACE (city er town) DEACS ISLAND, MD.	Accident, suicide, or homicide?
(State or country)	Where did Injury occur? (Specify city or town, county and State)
17. INFORMANT 15 CM 13 CM (Address)	Specify whether Injury occurred In INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Mintell Date Syph 14, 1937	- Nature of Injury
19. UNDERTAKER WILL 9 Hotels (Address) Deals	24. Wes disease or Injury In any way related to occupation of deceased?
20. FILEO 414, 193 - Roma Wester Registrar.	(Signed) (Address) M. D. (Address) M. D.
Registrat.	10-10-10-10-10-10-10-10-10-10-10-10-10-1

STATE OF MARYLAND-CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
PERCHU V			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
			1

AGE should be stated EXACTLY.

mation should be carefully supplied. AGE should be stated EXACTL CAUSE OF DEATH in plain terms, so that it may be properly classified.

TION is very important. See instructions on back of certificate.

PHYSICIANS should state

Exact statement of OCCUPA-

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	STATE OF MARYLAND—	CERTIFICATE OF DEATH
1	. PLACE OF DEATH	210-9
	County De excession	Registration Dist. No. 267
	Village or City Moure MM	No. St., Ward
	Length of residence in city or town where death occurred over yrs, mos.	death occurred in a borpital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?yrsds.
2	FULL NAME Habitha Davis	
	(a) Residence: No. Mours mb	St., Ward.
person	(Usual place of abode)	If nonresident give city or town and State
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3.	SEX 4. COLOR OR RACE OR DIVORCED (write the word) William Midow	21. DATE OF DEATH Seld 2 193 (Month) (Day) (Year)
58.	If merried, widowed, or divoted HUSBANDER for Yolly Davis deceast	22. I HEREBY CERTIFY, That I attended deceased from
6	DATE OF BIRTH (month, day, and year) Man 44 1855.	t last saw h 2 alive on Self 2 193 death is said
	AGE Years Months Days If LESS than	to have occurred on the date stated above, at 230 Q.m.
	77, 73 5 28 1 dey,hrs. ormin.	The PRINCIPAL CAUSE OF DEATH and releted causes of Importence were as follows:
N	8. Trade, profession, or particular kind of work done, as SPINNER,	Hemorrage his Date of onest
OCCUPATION	SAWYER, BOOKKEEPER, etc.	Laugestials of Jung
CUP	work was done, es SILK MILL, SAW MILL, BANK, etc	
000	10. Date deceased last worked et this occupation (month and year) toccupation	
12.	BIRTHPLACE (city or town) Soully St. Co. Mid	Dither Contributory Causes of importance: I the acture of any
~	(State or country)	Accident by benery things
FATHER	13. NAME Rubert Dogenan	run over ting llufosudsile
FAT	14, BIRTHPLACE (city or town) Dellas MAC (State or country)	Name of operation
2	15. MAIDEN NAME MADE ARE I BURELLE	What test confirmed diegnosis? Was there en autopsy?
MOTHER	The comment	23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide? Date of injury, 11, 22, 19, 3, 2
WO.	16. BIRTHPLACE (city or town) (State or country)	Where did injury occur? St Stephen of Mobile Mit
17.	INFORMANT Lacy Bornow.	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18.	BURIAL, CREMATION, OR REMOVAL Circles	Menner of injury Struck by automobile
	Place J. J. Ou se Date Sept 4 , 1932	Neture of Injury Hoge charged drun & class to bruise
19.	UNDERTAKER 9 9 Mebsles (Addjess) Mcd	24. Was disease or injury in any way related to occupation of deceesed?
20,	FILED Deft 4, 1822 Mong & Brown the Registrar.	(Signed) Aleg D. Muby M. D. (Address) Q. L.
	If more blanks are add all a Sea B.	N. C. L. C. D. L.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	1	Example II	
The principal cause of death and related cause of importance were as follows:	S Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis /E	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
(10)	3 5		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
The state of the s			
and the same of th			

PHYSICIANS should state

of OCCUPA.

Exact statement

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	(3)
county Somersol	Registration Dist. No. 260
Village or City Thin Gass Anna	No. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
	death occurred in a hospital or institution, give its IVAIVIE, instead or street and number) ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Horaco Hannis	
(a) Residence: No.	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Year)
5a. If married, widowed or divorced HUSBAND of Eli Salsoit Hackey (or) WIFE of	22. I HEREBY CERTIFY, That I attended deceesed from 26. 1982 to SPDC 28 1982
6. DATE OF BIRTH (month, day, end year) 8 6 0	Ceep 26 , 1982, to Sqpl- 28 , 1932 I last saw if any cliva on Sqpl- 10 , 1982; death is said
7. AGE Yeers Months Days If LESS than	to have occurred on the deta stetad ebove, et. 7. 37 m.
7 & - 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and releted ceuses of Importance
8. Treda, profession, or perticular kind of work dona, es SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work wes done, as SILK MILL. John SAW MILL, BANK, etc. 10. Dete deceased lest worked at 11. Total tima (yeers)	Baronio Inferitial 1923 Naphritia
this occupation (month and 1931 spent in this 50 occupation 50 occupation 50 (Stete or country)	Other Coatributory Causes of importance:
I 13. NAME Sponcer Kennis	
13. NAME Soncer Henris 14. BIRTHPLACE (city or town) Howy Level (Steta or country)	Neme of operation Date of What test confirmed diagnosis?
15. MAIDEN NAME Coulomore	23. If deeth was due to external causes (VIOLENCE) fill In also the following:
15. MAIDEN NAME 16. BIRTHPLACE (city or town) (Steta or country)	Accident, suicide, or homicide?, 19, 19, 19, 19, 19, 19, 19, 19, 19, 19, 19, 19, 19, 19, 19, 19, 19
17. INFORMANT La max J. Kennis (Addrass) Prace geece mp	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL PIECE WESLEY CANALOGY DETE SELS 1932	Manner of Injury
19. UNDERTAKER James Jo Delicero (Address) Nomes anne mos	24. Wes disease or injury in any way releted to occupation of deceased? If so, specify
20. FILED 9 9 4 , 19 7 Junth Resittar	(Signed) Sidon A. Dardomar M. D. (Address) Flaces Que MR

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronie interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Perilonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1 N. B.

should state

STATE OF MARYLAND—	CERTIFICATE OF DEATH 10143
1. PLACE OF DEATH	(82-0) 9/6
County	Registration Dist. No.
Village or City Macce	No. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurred	ds. How long in U.S. N of foreign birth?yrsmosds.
2. FULL NAME Whace as N	ye
(a) Residence: No. Mocico Will (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (white the world)	21. DATE OF DEATH (Month) (Day) (Year)
5a. If married, widowed, or-divorced prevents (descart) (or) WHFE-of Ellew Proince main	22. I HEREBY CERTIFY. Thet I attended deceased from August 31, 1932, to Sept 152, 1932
6. DATE OF BIRTH (month, day, and year) Queq 17 = 1875,	I last saw h Luc alive on Seft 157 , 19.32; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, etm.
57 3 28 1 day,	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: Oate of onset
8. Trade, profession, or particular kind of work done, as SPINNER, Oystermay SAWYER, BOOKKEPPER, etc.	Paralysis, Complete aug 31/
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9, Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10, Dato deceased last worked at this occupation (month and	.0
Dato deceased last worked at this occupation (month and 2 weeps) spant in this occupation	
12. BIRTHPLACE (city or town) Moure Mik, (State or country)	Other Contributory Causes of importance: Herebral Herebral
14. BIRTHPLACE (city or town) Maurie omb	Name of operation Date of
(State of country)	What test confirmed diagnosis? Was there an autopsy?
I Suria Gul	23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide?
State or country)	Where did injury occur?
17. INFORMANT Thomas X Dine. (Address)	(Specify city or town, county and State) Specify whether injory occurred in IMDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place And Med Date Sept 17 1952	Manner of injury
19. UNDERTAKER Tode Walson of Long	24. Was disease er injury in any way related to occupation ef deceased?
20. FILED OF 17, 1932 /1122 S. Bornett	(Signed) Olive J. Ruby' M. D.
Registrar.	(Address)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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	Example I		Example II	
The principal cause of importance were	e of death and related causes as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	11.00	1915	Attack of epilepsy	1 week ago
Chronic interstitial n	ephritis /	1921	Run over by street car	1 week ago
Cerebral hemorrhage		July 5, 1927	Peritonitis	3 days ago
		6		
Other contributory	causes of importance:		Other contributory causes of importance:	
Gallstones	F 18	May 1,1923	Gastroenteritis	1 year

N. B.-WRITE

V. S. No. 1

See instructions on back of certificate.

TION is very important.

of OCCUPA-

Exact statement

	MARYLAND-	CERTIFICATE OF DEATH	4
1. PLACE OF DEATH			,
County Sminer		Registration Dist. No. 26	/
Village or City Shelllon	mel	NoSt., f death occurred in a hospital or institution, give its NAME instead of street and number	Ward
Langth of residance In city or town whare death		ds. How long in U.S. if of foreign birth?yrsmos	
2. FULL NAME	Dujdes	e e	
(a) Residence: No.	(Usual place of abode)	St., Ward. If nonresident give city or town and State	
PERSONAL AND STATISTICA		MEDICAL CERTIFICATE OF DEATH	
3. SEX . 4. COLOR OR RACE 5.	SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH with 25 1934	
5a. If married, widowed, or divorced HUSBANO of (or) WIFE of 3 months	Conception	22. I HEREBY CERTIFY, That I attended deceas	
6. DATE OF BIRTH (month, day, and yaar)			
7. AGE Years Months	Oays If LESS than	to have occurred on the date stated above, atm.	ii is said
3 millo Cines	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causos of Importanca ware as follows:	
8. Trada, profassion, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.		Placula Summed	ofonset
Industry or business in which work was dona, as SILK MILL, SAW MILL, BANK, etc.		3 mills Ome for	
10. Date deceased last worked at this occupation (month and year)	11. Total time (yaars) spent in this occupation		
12. BIRTHPLACE (city or town)		Other Coutributory Causes of importance:	
(State or country)	0	My Pro-	
13. NAME Welden Dr	ydeel.		
14. BIRTHPLACE (city or town) (State or country)	d.	Name of operation Oate of What test confirmed diagnosis? Was there an autopsy	
15. MAIDEN NAME Programia (uce	23. If daath was due to external causes (VIOLENCE) fill in also the following:	
16. BIRTHPLACE (city or town) 22 4, (State or country)		Accident, suicide, or homicide?, 1	9
17. INFORMANT CLEAGE DA (Address) a Holl towns	7 duy.	Where did Injury occur?(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.	
18. BURIAL, CREMATION, OR DEMOVAL Place Helltown W. M.	Date 9/25, 1032	Manner of Injury	
19. UNDERTAKER Meldoroal (Address)	Drigdens etosta ma	24. Was disaase or injury In any way related to occupation of deceased?	

Registrar.

(Signad)

(Address) muse ma

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I		Example II	
The principal cause of death and related cause of importance were as follows: Arteriosclerosis		The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset 1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
DUREAU V.	5.		
Other contributory causes of importance:	-M-3	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

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County Somerset	Registration Dist. No. 260 20
Village or City westerns	No. St., V. (If death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrsme	osds. How long In U.S. If of foreign birth?yrs,mos
2. FULL NAME & noch Ent	
(a) Residence; No.	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 5. SINGLE MARRIED, WIDOWED.	MEDICAL CERTIFICATE OF DEATH
Male white OR DIVORCED (write the word)	(Month) (Oay) 193 (Year
5a. If married, widowed, or divorced Latter HUSBAND of	22. I HEREBY CERTIFY, That I ettended deceased
6 ming lent	, 19, to, 19,
6. DATE OF BIRTH (month, day, and year) Dept. 12. 1859	I last saw h alive on, 19; death is
7. AGE Years Months Oays If LESS than	to have occurred on the dete steted above, atm.
77 // 30 1day,hrs	The PRINCIPAL CAUSE OF DEATH end related causes of importence were as follows:
8. Trade, profession, or particular kind of work done as SPINNER.	
SAWYER, BDOKKEEPER, etc. Industry or business In which	Pi (B of L
SAMMILL, BANK, etc.	alyours my
11. Total time (years)	
year) oesu pation	Other Coutributory Causes of importance:
12. BIRTHPLACE (city or town) Level 12 rille Je mm	
(State or country)	
13. NAME Huran Ent.	
14. BIRTHPLACE (city or town)	Name of operation
1 (State of County)	Whet lest confirmed diagnosis? Wes there an autopsy?
15. MAIDEN NAME 15. MAIDEN NAME 16. BIRTHPLACE (city or town)	23. If deeth was due to external causes (VIDLENCE) fill in also the following:
	Accident, sulcide, or homicide?
(Slate or country)	Where did Injury occur? (Specify city or town, county and State)
17. INFDRMANT (Address)	Specify whether Injury occurred In INDÚSTRY, In HDME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Privers aus Md Oale Sept. 13, 193	Nature of injury
m & lontereit Sonal	24. Was disease er injury in and way related to occupation of deceased?
19. UNDERTAKER (Address), States of Lange (MA)	If so, specify
13 37 Marie	(Signed). Shoulk
20. FILEO 9 11 3 , 19.3 7 1 Sully Registrar.	· and (do a see Heer)

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10.—The month and year the deceased last worked at the occupation.

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Example I		Example II	
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Arterioselerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street ear	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
n'T a Maria			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE	FOR	FURTHER	STATEMENTS	\mathbf{BY}	PHYSICIAN
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V. S. No.

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Cerebral hemorrhage	July5,1927	Peritonitis	3 days ago
WEST N			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

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10. Oate deceased last worked at this occupation (month and

yaar)

14. BIRTHPLACE (city or town

16. BIRTHPLACE (city or town) (State or country)

18. BURIAL, CREMATION, OR BEMOVAL

(State or country)

12. BIRTHPLACE (city or town) (State or country)

15. MAIDEN NAME

(Address)

(Address)

19. UNDERTAKER

13, NAME

infor- state UPA-	STATE OF MARYLAND—	CERTIFICATE OF DEATH
Every item of in SIANS should sement of OCCU	Village or City Concerne	Registration Dist. No No. f death occurred in a hospital or institution, give its NAME instead on the second seco
ORD. HYSIC t state	(a) Residence: No. / 6 home (Usual place of abode)	St., Ward. If nonresident give city
ECC PH PH	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF D
BINDING PERMANENT RE EXACTLY. y classified. Ex.	3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (surite the word) 5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY That
OR A F ited operlifica	6. DATE OF BIRTH (month, day, and year) Au 9 1912 7. AGE Years Months Days If LESS than 1 day,	to have occurred on the date stated above, atm. The PRINCIPAL CAUSE OF DEATH and related causes of importance as follows:
SVED FOUND BY THIS IS all he stand he produced ack of cert	8. Trada, profession, or particular kind of work dona, as SPINNER General Laborers SAWYER, BOOKKEPER, etc. 9. Industry or business in which work was done, as SILK MyA, alabored SILK M	Substitutel

11. Total time (years) spant in this

occupation_

ts NAME instead of street and number) oirth?_____ds. president give city or town and State CATE OF DEATH (Day) That I attended deceased from causes of importance Oate of onset Name of oparation What test confirmed diagnosis?. 23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide? Where did Injury occur?. (Specify city or town, county and State)
Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. Manner of injury Nature of injury. 24. Was disease or Injury In any way related to occupation of deceased? If so, specify (Signed) (Address)

Registrar. If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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	Example II		
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
1915	Attack of epilepsy	1 wcek ago	
1921	Run over by street car	1 week ago	
July 5,1927	Peritonitis	3 days ago	
	Other contributory causes of importance:		
May 1,1923	Gastroenteritis	1 year	
	1921 July 5,1927	Date of onset The principal cause of death and related causes of importance were as follows: Attack of epilepsy 1921 Run over by street car July 5, 1927 Peritonitis Other contributory causes of importance:	

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	19148
County) ONCUSET THIN CORPORATE	Registration Dat. No. 265
Village or City Cusfield	No. Someset live St., 2 Ward
Length of residence in city of town where deeth occurred	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?
2. FULL NAME TYPING JUST	7
(a) Residence: No. (Usual place of abode)	St., Z Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of P. P. Gibson	22. I HEREBY CERTIFY, That I attended deceased from Openic 1921, to Septe 19, 1932
6. DATE OF BIRTH (month, dey, end year) 7eb 14 1859	I last saw h 22 alive on Sept. 19 1932; death is said
7. AGE Years Months Days If LESS than 1 day,hrs.	to have occurred on the date stated above, at
8. Trede, profession, or particular kind of work done, es SPINNER, Housework SAWYER, BOOKKEPER, etc.	Chronic University Date of onset
Kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, es SILK MILL, SAW MILL, BANK, etc. 10. Date deceased lest worked at this occupation (months and	Orlerior Clerous ? " 20090
1D. Date deceased lest worked at this occupation (month and year)	Hyperlension:
12. BIRTHPLACE (city or town) Canada (State or country)	Other Contributoff Causes of importance:
13. NAME John Clelland 14. BIRTHPLACE (cit) or town) Canada	
14. BIRTHPLACE (cit or town) Canada (State or country)	Name of operation Date of What test confirmed diegnosis? Lead Was there en autopsy? Lea
15. MAIDEN NAME 16. BIRTHPLACE (city or town)	23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide?
(State or country) 17. INFORMANT Mrs. M. Tawws (Address)	Where did injury occur?(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Date Seff 21, 193.8	Manner of injury
19. UNDERTAKER John & Bredston (Address)	24. Wes disease or injury in any way related to occupation of deceased?
20. FILED S 4t. 21, 19 32 CE Colling Registrar.	(Signed) Signed M. D. (Address) Chis Lead, Lead - M. D.
If more blanks are needed, address State Registrar.	2411 N. Charles Street, Baltimore Requested 71 S. No. v

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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* Example I	-	Example II	
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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
		GEATE	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE FOR	FURTHER	STATEMENTS	BY P	HYSICIAN

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RESERVED	
ARGIN	
MAI	

V. S. No. 1

N. BWRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-	
INT RECORD	LY. PHYS	d. Exact sta	
V PERMANE	EXACT	erly classifie	ficate.
THIS IS	ould be stat	may be prop	back of certi
ADING INK	ed. AGE sh	s, so that it	tructions on
WITH UNF	efully suppli	in plain term	int. See ins
PLAINLY,	hould be car	OF DEATH	TION is very important. See instructions on back of certificate.
C. B.—WRITE	mation 8	CAUSE	TION is
4	1	1	1

STATE OF MARYLAND—	CERTIFICATE OF DEATH 10149
1. PLACE OF DEATH	(92-0)
County Sesserset	Registration Dist. No. 266
Village or City Ossures anne	NoSt.,Ward
	death occurred in a horpital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Clevood Heat	
(a) Residence: No. Princes Comme	e SCY. F. Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 5. SINGLE MARRIED WIDOWED.	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Year)
5a. If merried, widowed, or divorced HUSBAND of	
(or) WIFE of Mrs Elevored Healt	22. I HEREBY CERTIFY That I offended deceased from Queg 279, 1932, 10 February 1932
6. DATE OF BIRTH (month, day, and year) Qea. 28, 1858	I last saw h 1 1 elive on delt . 84, 1932 death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, atm.
74 8 23 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Fascuer	Coulrel Hemorkag 8 hers
Industry or husiness in which	J
work was done, as SILK MILL, our Famo	
spont in this	
year) occupation occupation	Other Contributory Couses of importance:
12. BIRTHPLACE (city or town)	Benekia Mennere 13/32
(State or country)	
13. NAME 14. BIRTHPLACE (city or town) (State or country)	
14. BIRTHPLACE (city or town)	Name of operation
(State of Country)	What test confirmed diagnosis?
15. MAIDEN NAME 16. BIRTHPLACE (city or town)	23. If death was due to external causes (VIOL ENCE) fill in also the following:
0 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of injury, 19
(State or country)	Where did injury occur. ASpecify city or town, county and State)
17. INFORMANT My Elwood Health (Address)	Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury
Place Di anne Date Sufet 7, 1932	Nature of injury
19. UNDERTAKER AMASINE S	24. Was disease or injury in any way related to occupation of deceased?
(Address), C-Asper	If so, specify
20. FILED AUDA 7th, 1937 I Smith Registrar.	(Signed) Signed M. D. (Address) Signed Carrier
If mor blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Example I			Example II		
The principal cause of death and related causes of importance were as follows:		Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset 1 week ago	
Arteriosclerosis		1915	Attack of epilepsy		
Chronie interstiti	al nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrh	age	July5,1927	Peritonitis	3 days ago	
Other contribute	tory causes of importance:	May 1,1923	Other contributory causes of importance: Gastroenteritis	1 year	
	7-,	OR FURTH	ER STATEMENTS BY PHYSICIAN		

Exact statement of OCCUPA-

properly classified.

be

TION is very important. See instructions on back of certificate.

CAUSE OF DEATH in plain terms, so that it may

STATE O	MARY	AND-CERTIFICA	TE OF	DEATH
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1/1150

1. PLACE OF DEATH	0		23
County Smulsest	f		Registration Dist. No. 26/
Village or City 221 UNIX. Length of rasidence In city or town where	death occurred		NoSt.,Ward f death occurred in a hospital or institution, give its NAME instead of street and number) sds. How long In U.S. if of foreign birth?yrsmosds.
2. FULL NAME From e	pa Que	lia Ala	00000
	Usual place	nf abode)	St., Ward. If nonresident give city nr town and State
PERSONAL AND STATIST			MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE August 1. COLOR OR RACE		RIED, WIDOWED, D (write the word)	21. DATE OF DEATH (Mogth) (Day) (Yeer)
6. DATE OF BIRTH (month, day, and yaar) 7. AGE Yaars Months 2 8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, atc	spei	If LESS than 1 day,hrs. ormin. Lewfl ime (years) nt in this upation	22. I HEREBY CERTIFY, That I ettended daceased from 1932, to 1932; daeth is said to have occurred on the data stated above, at m. The PRINCIPAL CAUSE OF DEATH and related causes of importance wara as follows: Other Contributary Canses of importance: Other Contributary Canses of importance: Palamanananananananananananananananananan
14. BIRTHPLACE (city or town)	J.		Neme of operation Date of
16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT Plluming	Valleur	0	23. If death was due to external ceusas (VIOLENCE) fill In also the following: Accidant, suicide, or homicide?
18. BURIAL, CREMATION, OR REMOVAL Placa Harman	terogio Defe	1 25-1932	Manner of injury
19. UNDERTAKER 6 has to mas to mas 20. FILEO 9/24, 1527 Gur	was clia B.	ganson Registrar.	24. Was disease or Injury in any way ralated to occupation of deceased? 26' If so, specify (Signal) M. D. (Addrass) M. D. (Addrass) M. D.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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Example I	i	Example II		
The principal cause of death and related causes of importance were as follows: Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
DUREAU V. S				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

V. S. No. 1

FOR BINDING	S IS A PERMANENT	stated EXACTLY	properly classified.	certificate.
V. S. No. 1 MARGIN RESERVED FOR BINDING	N. BWRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT	mation should be carefully supplied. AGE should be stated EXACTLY	CAUSE OF DEATH in plain terms, so that it may be properly classified.	TION is very important. See instructions on back of certificate.
land .	FH			

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	(30)
County Sowerseh	Registration Dist. No. 268
Village or City Williams Mid	NoSt,Ward death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrsmos	ds. How long in U.S. it of foreign hirth? yrsmos ds.
2. FULL NAME Clinel It I from	
(a) Residence: No. Windows Mid (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH
5a. If married, widowed, or divorced HUSBAND of (or) WHE of Mary 1 fuch	22. I HEREBY CERTIFY That I attended deceased from
6. DATE OF BIRTH (month, day, endyear)	I last saw h a alive on Sald 20 1937; death is said
7. AGE Years Months Days If LESS than 1 day, hrs.	to have occurred on the dale steted above, et / D D m. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
9 Trade profession or particular	Den G. Interstitial Syphemias
kind of work done, as SPINNER SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 11. Total type deceased lest worked at the company of the com	
this occupation (month end 6/32 spirit in this occupation	
12. BIRTHPLACE (city or town) frwacy (State or equntry)	Other Contributory Causes of importance:
I 13. NAME MUKWOWY	7
14. BIRTHPLACE (city or town)	Neme of operation Dete of
(State of county)	What test confirmed diagnosis? Wes there an autopsy?
15. MAIDEN NAME CLUCKOVY	23. If death was due to external causes (VIOLENCE) fill in elso the following:
15. MAIDEN NAME CONTROL OF TOWN (State or country)	Accident, suicide, or homicide?
17. INFORMANT Mary Street July (Address) Stranger July	(Specify city or town, county and State) Specify whether Injory occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REPOVAL Place Description Date Sept 21, 1932	Manner of injury
19. UNDERTAKER ASUEbster (Address) Sees Island	24. Was disease or injury in any wey related to occupation of deceased?
20. FILED Sept 21, 1932 Rome Welter Registrar.	(Signed) M. D. (Address) M. D. (Address)
If more blanks are needed address State Registrar	2411 N. Charles Street, Baltimore, Requesting 7). S. No. 7

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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11.—The number of years the deceased followed the occupation.

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Example I	i	Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	. 1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago	
BURKAU V. S.	į.			
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	1015
County Nom - sef-	Registration Dist. No. 265
Village or City Droven	NoSt,
Length of residance in city or town where death occurred	f death occurred in a hospital or institution, give its NAME instead of street and number) sds. How long in U.S. if of foreign birth?yrsmos
() 10 ()	· Arm
2. FULL NAME TO Live Joe	Ot World
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
S. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write Me word) William William Server	21. DATE OF DEATH (Month) (Day) (Year)
a. If married, widowed, or divorcad	22. A I HEREBY CERTIFY That I attended decoased f
we willed the ococoon	22. I HEREBY CERTIFY That attended deceased to
DATE OF BIRTH (month, day, and year) Soft 12th 1865	I last saw her alive on Astol- 10 1987; death is
AGE Years Months Days If LESS than	to have occurred on the date stated above, at
77 — /6 1 day, hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
9 Tendo profesion or portioular	were as follows:
kind of work done, as SPINNER, SAWYER, BDOKKEEPER, etc.	(Harolina C 1-01 9/6
andustry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and spant in this	((() () () () () ()
SAW MILL, BANK, etc	asles selesces
this occupation (month and spant in this year)	
	Dthor Contributory Causes of importance:
2. BIRTHPLACE (city or town) (State or country)	
13. NAME Some Sems	
14. BIRTHPLACE (city or town)	Name of operation Data of
(State or country)	What test confirmed diagnosis? Was thera an aulopsy?
15. MAIDEN NAME Eccin Xim	23. If death was due to extarnal causes (VIOL ENCE) fill in also tha following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of Injury, 19
(State or country)	Where did Injury occur?
7. INFORMANT A COMPANY ON BY	(Specify city or town, county and Stata) Specify whether Injory occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place MI Worman Date of 11 , 1932	Natura of injury
19. UNDERTAKER Pale Mashyll md	24. Was disease or injury to any way related to occupation of deceased?
20. FILED Sept. 30, 1932' Steve O. Hoffm.	(Signed) Pomus Comment

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I	DI	Example II		
The principal cause of death and related caus of importance were as follows;	es Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	C 1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago	
A BUR		4		
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

	nfor- state JPA-	STATE OF MARYLAND—	CERTIFICATE OF DEATH 10153		
6		1. PLACE OF DEATH	92:0		
1	or of occ	County Somersot	Registration Dist. No. 2 40		
	sho of	Village or City Princess Anna Tile (IF	NoSt.,Ward death occurred in a hospital or institution, give its NAME instead of street and number)		
	nt nt	Length of residence in city or town where death occurredyrs!mos.	ds. How long in U.S. if of foreign birth?yrsmosds.		
	Eve	2. FULL NAME William Johnson			
	CORD. Every PHYSICIANS ict statement	(a) Residence: No. 1 Fin C & S Anne TD. (Usual place of abode)	St., Ward. If nonrerident give city or town and State		
	PH PH act	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH		
	EX.	3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH Sept. (Month) (Day) (Year)		
BINDING	MANENT ACTLY assified.	5a. If its rried, widowed, or divorced HUSBAND of			
DI	V V SS	(or) WIFE of	1 HEREBY CERTIFY, That I attended deceased fro		
K	CX X	6. DATE OF BIRTH (month, day, and year) 796 12 1905	Hast saw Con alive on Sape 1932 death is sa		
	A	7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 3: 3 o A m		
FOR	IS A I stated properly	27 1 1day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance		
H			were as rollows:		
B	HIS be be of	8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.			
M	ould may back	Industry or business in which work was dona, as SILK MILL, Jarma Rock			
RESERVED	3C .E	SAW MILL, BANK, etc	Titral Regurgitation 1928		
SS	日日中。	this occupation (month and Teams 1989 spent in this occupation 1989)	100		
24	NFADING I plied. AGE erms, so that instructions		Other Contributary Causes of importance:		
Z	H	(State or country)			
IARGIN	UNFA supplied n terms, ee instru	# 13. NAME Poloent H. Johnson			
A	upp ter ter	2	Name of operation Date of		
3	H L y su ain t	(Stata or country)	What test confirmed diegnosis? ———————————————————————————————————		
	AINLY, WITH UNFA d be carefully supplied DEATH in plain terms, y important. See instry	# 15. MAIDEN NAME Pola, Cebs; they	23. If death was due to axternal causes (VIOLENCE) fill in also the following:		
	INLY, W) be carefu EATH in i	15. MAIDEN NAME Tella Cells: Though	Accident, suicide, or homicide? Date of injury, 19		
	LY TTH POOL	(State or country) There I laud	Where did injury occur?		
	ATNI Id be DEA	17 INFORMANT / Lawid Tohmson	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.		
	PLA hould OF D	(Address) Puinces Hnne ma			
		18. BURIAL, CREMATION, OR REMOVAL	Manner of injury		
	WRITE lation s. AUSE TON is	Piece Y- Mosser of Charle 7 = 3 , 193.2	Nature of injury		
_	WRITE mation sl	19. UNDERTAKER William Spres	24. Was disease or injury in eny way related to occupation of deceased?		
No. 1		(Address) Princery and Ville	If so, specify		
	8	0 10 11 11	I COA WOLK-		

(Address) 1 Reco Cont

Registrar.

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Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL S	SPACE FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	10134
County Sources	Registration Dist. No. 265
Village or City Deals Island	No. St Ward
(If	death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrsmos	ds. How long in U. S. if of foreign birth?yrsmosds.
2. FULL NAME PULLER STEWN	tirvan
(a) Residence: No.	St., Ward.
(Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH
3, SEX 4. COLOR OR PACE 5. SINGLE, MARRIED, WIDOWED.	21. DATE OF DEATH
Female White DR DIVORCED (graine the word)	(Monyh) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of	22. I HEREBY CERTIFY, That I, attended deceased from
(or) WIFE of	aug. 25 1932 to Aug. 4 1937
6. DATE OF BIRTH (month, day, and year) Och 10-1931	I last saw h alive on Sull 193 4 death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 1.20 Pm.
60 24 1 day, hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8 Trade protection or particular	Date of onset
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BDDKKEPER, etc.	
kind of work done, as SPINNER, SAWYER, BDDKKEEPER, etc. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10- Date deceased last worked at this occupation (month and	
SAW MILL, BANK, etc	
O: Dato deceased last worked at this occupation (month and year)	
1 0 0 0	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) (State or country)	Westsian and
	Rachita
E	
[State or country]	Name of operation
	What test confirmed diagnosis? Was there an autopsy?
E	23. If death was due to external causes (VIDLENCE) fill in also the following:
O 16. BIRTHPLACE (city or town) (State or country)	Accident, suicide, or homicide?
T 1. V.	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT (Address)	Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATIAN, OR REMOVAL	Manner of injury
Place Deals Sld Date (12/25, 19.32	Nature of Injury
641,711	24. Was disease or injury in any way related to occupation of deceased?
19. UNDERTAKER (Address) 4	If so, specify
Sell in an On in 14 al ti	(Signed) A A A A A A A A A A A A A A A A A A A
20. FILED. S. 19 3.7 Registrar.	(Address) D. M. asp. C.
If more blanks are needed address State Registrar	2422 N. Charles Street Relimore Peausing 9) S. No

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Example I	i	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Perilonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

STATE OF MARYLAND—	CERTIFICATE OF DEATH 1015.	-
1. PLACE OF DEATH	(131)	
County Jonnesse	Registration Dist. No. 270	
Village or City Pres Lice of M. T.	St. W	ard
	death-occurred in a hospital or institution, give its NAME instead of street and number)	
Length of residence in city or town where death occurredyrsmos	ds. How long In U. S. if of foreign birth?yrsmos	ds.
2. FULL NAME JUNEGUL (O)	ura.	
(a) Residence: No. Accessoried You	Ward.	
PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOB OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH	_
OR DIVORCED (write the word)	DeW1: 24 1932	_
5a. If married, widowed or divorced	(Month) (D(y) (Year)	1
HUSBAND of Dora Lacrol,	22. C I HEREBY CERTIFY, That I attended deceased for	rom
De volume	201 27 , 1932 , to 201 2 7 , 193	2
6. DATE OF BIRTH (month, day, and year) Pag 2 1/874	I last sawh alive on 327 , 19 32; death is s	said
7. AGE Years Months Deys If LESS than I day, hrs.	to have occurred on the date stated above, at O Com,	
0 H or or min.	The PRINCIPAL CAUSE OF DEATH end related causes of importance were as follows:	isat
8. Trade, profession, or particular kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc.	Chrome legtesta 5yrs.	40
S. Trade, profession, or particular kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and this occupation (month and speak)).	arbioseperas 5 kg	- 90
work was done, as SILK MILL, SAW MILL, BANK, etc.	Cerebral towalltage i	
10. Date deceased last worked at 11. Total time (years)	resultant parcey Eco 54.	-090
this occupation (month and spent in this occupation	Clemia (correlains) 12	ay
12. BIRTHPLACE (city or town)	Other Coutributory Causes of importance:	
(State or country)		
13. NAME John Laird		
14. BIRTHPLACE (city or town)	Name of operation Date of	
(State of country)	What test confirmed diagnosis? Wes there an autopsy?	
15. MAIDEN NAME Clessabeth pare no Poc	23. If death was due to external causes (VIOLENCE) fill in also the following:	
5 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of injury, 19	
E (State or country)	Where did injury occur?	
17. INFORMANT MENO DOVA LOCALD A O	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE,	
(Address) Custild Mo.		
18. BURIAL, CREMATION OR REMOVAL	Manner of injury	
Place Deliver Date Date 27. 1932	Nature of injury	
19. UNDERTAKER O, DI DAWAGON 1	24. Was disease or injury in any way related to occupation of deceased?	
(Address) Creofield, Md.	If so, specify	
20. FILED JULY 291932 / CE Collins	(Signed) S. Co. Long DW M	8. D.
Registrar.	(Address) Line field ! My	
If more blanks are needed, address State Registrar,	2411 N. Charles Street Baltimore Requesting 7) S. No	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
1915	Attack of epilepsy	1 week ago	
1921	Run over by street car	1 week ago	
July 5,1927	Peritonitis	3 days ago	
	Other contributory causes of importance:		
May 1,1923	Gastroenteritis	1 year	
	1915 1921 July 5,1927	Date of onset The principal cause of death and related causes of importance were as follows: Attack of epilepsy 1921 Run over by street car July 5, 1927 Peritonitis Other contributory causes of importance:	

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PLAINLY,

OF DEATH in plain terms,

CAUSE

is very important.

NOIL

17. INFORMANT (Address) 18. BURIAL, CRE

19. UNDERTAKER

(Address

state

PHYSICIANS Exact statement

classified.

certificate. properly

See instructions on

OCCUPA. plnods JO

item of infor-

:	L PLACE OF DEATH	CERTIFICATE OF DEATH		
		No. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. If of foreign birth? yrs. mos. ds.		
	(a) Residence: No. Onarion (Usual place of abode)	St., Ward. If nonresident give city or town and State		
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH		
3. ¥	SEX 4. COLOR OR RACE OR DIVORCED (write the word) White	21. DATE OF DEATH (Month) (Day) (Year)		
6.	If merried, widowed or divorced HUSBAND of Growth of Gro	22. I HEREBY CERTIFY, That I attended deceesed from 1932, to 1932; death is said to have occurred on the date stated above, et. 4. m. The PRINCIPAL CAUSE OF DEATH and related causes of importance		
OCCUPATION	8. Trade, profession, or perticular kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Date deceased last worked at this occupation (month and spent in this	were as follows: Levels & of Head: Date of onset Confort Humpleylike:		
12.	BIRTHPLACE (city or town) Mary Could (State or country)	Other Contributory Causes of Importance: Change Day uylub Clare myreardie		
HER FATHER	13. NAME Seusey Servery. 14. BIRTHPLACE (city or town). (State or country) 15. MAIDEN NAME Chur Ballard Hall	Name of operation		
MOTHER	16. BIRTHPLACE (city or town) - 222 - A - (State or country)	Accident, suicide, or homicide? Date of injury, 19		

Accident, suicide, or homicide? Where did injury occur?

(Specify city or town, county and State)
Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.

Manner of injury Neture of injury

24. Wes disease or Injury in eny wey related to occupation of deceased?

If so, specify

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Registrar.

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To be complete, an occupation return must state:

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9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I Example II The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsu 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage July 5.1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1.1923 Gastroenteritis 1 year

ADDITIONAL SPACE FOR FU	RTHER STATEMENTS	BY	PHYSICIAN
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BINDING	B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT R	mation should be carefully supplied. AGE should be stated EXACTLY.	CAUSE OF DEATH in plain terms, so that it may be properly classified. Ex	te.
D FUK	IS IS A P	be stated	e properly	of certifical
JARGIN RESERVED FOR BINDING	G INK-TH	GE should !	that it may l	TION is very important. See instructions on back of certificate.
IARGIN	UNFADIN	supplied. A	n terms, so t	ee instructio
	ILY, WITH	e carefully	YTH in plai	portant. S
	TE PLAIN	d bluods n	SE OF DE	is very im
. No. 1	B.—WRI	matio	1) CAUS	TION

	S	TATE OF	MARY	LAND-	CERTIFICAT	E OF DEA	ATH	
1	. PLACE OF DEAT	Н			(131)		.16	1157
	County_Somer	set				Registration	Dist. No. 262	101
	Village or City	Cokesbu	ry		ND		St.,	Ward
				(If	death occurred in a hospital o	or institution, give its NAM	E instead of street and	number)
				yrs,mos				v3
2	. FULL NAME FI	rank W.Ma	addox					
	(a) Residence: No		(Usual place	of abode)	St., Ward.	If nonresident	t give city or town and	State
p-1,000	PERSONAL ANI	DSTATISTIC			MEDIC	AL CERTIFICATE	E OF DEATH	
3.	Male Whi		OR DLYORCEE	RIED, WIDOWED, (write the word)	21. DATE OF DEA	Sept.	llth.	, f93_2
5a.	If married, widowed, or divor HUSBAND of (or) WIFE of SC	ophia E.l	Maddox		22. I HER	EBY CERTIF	Ya That I attended	
6. 1	DATE OF BIRTH (month, day	and year) Jan	e 7th.	1842	last saw harman elive	A A	10 ,1932	; death is said
_	AGE Years	Months	Days	If LESS than	to have occurred on the da			
	90	3	4	1 day,hrs.	The PRINCIPAL CAUSE O	F DEATH and related caus	ses of Importance	Date of enset
OCCUPATION	kind of work done, SAWYER, BDDKKE! 9. redustry or business in work was done, as S SAW MILL, BANK, e 10. Dato deceased last work this occupation (monyear)	which ILK MILL, tc	1	me (years) It in this 15	Other Contributary Causes			2.772
12.	BIRTHPLACE (city or town) (State or country)	Vorceste:	r Count	,y	Ch	Leter h	flace.	3-02-
ER.	13. NAME Lazarus	Maddox						
13. NAME Lazarus Maddox 14. BIRTHPLACE (city or town). Worcester County. (State or country) Maryland			ounty		osis?			
ER	15. MAIDEN NAME Eli	zabeth	lownser	ıd	23. If death was due to exte			
15. MAIDEN NAME Elizabeth Townsend 16. BIRTHPLACE (city or town) Worcester County (State or country) Maryland.					Accident, suicide, or homic			
17. INFORMANT Mrs. Charles M. Atkinson (Address) Pocomoke City, Maryland.					Specify whether injury occ	curred in INDUSTRY, in H	or town, county and Sta DME, or In PUBLIC PI	ACE.
18. Burial cremation, or removal Bound's Cem on Farm Date Sept 13,1932				Manner of Injury				
19. UNDERTAKER PRINTED STEWN SON (Addjess) OCOMOKE Gity Maryland.				24. Was disease or Injury l	n any way related to occup	pation of deceased?		
20.	20. FILED Dept B. 1932 Dannel Death Registrar.				(Signed) (Address)	These	The Cedy	M. D.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example II Example I The principal cause of death and related causes Date of onset The principal cause of death and related causes Date of onset of importance were as follows: of importance were as follows: 1915 Attack of epilepsy 1 week ago Arteriosclerosis 1 week ago 1921 Run over by street car Chronic interstitial nephritis Peritonitis 3 days ago Cerchral hemorrhage Julu5.1927 Other contributory causes of importance: Other contributory causes of importance: Gastroenteritis Gallstones May 1.1923 1 year

	CERTIFICATE OF DEATH 10158				
1. PLACE OF DEATH					
county mertel	Registration Dist. No. 260				
Village or City President Course	No. St, War death occurred in a hospital or institution, give its NAME instead of street and number)				
Length of residence In city or town where death occurred yrs mos. 2. FULL NAME Elwood H. Amul	ds. How long in U.S. if of foreign birth?yrsmosd				
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State				
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH				
3. SEX Market, Widowell, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Dey) (Yeer)				
5e. If metried, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I ettended deceased from 19				
6. DATE OF BIRTH (month, day, end year) Months Days If LESS than 1 day, hrs.	I last saw h elive on, 19; death is sa to have occurred on the date stated above, atm. The PRINCIPAL CAUSE OF DEATH and releted causes of importence				
8. Trede, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEPER, atc	Cecimina Chomoing Date of one				
10. Date decessed last worked at this occupation (month end year) 11. Total time (years) spent in this occupation 12. BIRTHPLACE (city or town) P. Umnl (Stete or country)	Other Contributery Causes of importance:				
13. NAME Harry Mulder					
14. BIRTHPLACE (city or town) (Stete or country)	Name of operation				
	What test confirmed diagnosis? Was there en autopsy?				
16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT 18. BIRTHPLACE (city or town) 986 18. BIRTHPLACE (city or town) 986 1986 1986 1098 1108 1	23. If death was dua to axternel causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide?				
(Address) R. anne 18. BURIAL, CREMATION, OR REMOVAL Place L. anne Date Left 7 , 1932	Mannar of Injury				
19, UNDERTAKER PMSmusian (Address) Rain	Nature of Injury 24. Wes disease or injury ID one way related to occupation of deceasad?				

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of cpilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastrocnteritis	1 year

of OCCUPA.

Exact statement

properly classified.

See instructions on back of certificate.

TION is very important.

TH in plain terms, so that it may

STATE OF MARYLAND	CERTIFICATE OF DEATH
1. PLACE OF DEATH Somerset	(32)
County Attacores Mu	Registration Dist. No. 268
Village or City N Euouv	No. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city(0) town where death occurredyismos	
2. FULL NAME JOCH & TO	fenson
(a) Residence: No. /// Cuono	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR. DIVORCED (write the word)	21. DATE OF DEATH (Part) (Part) (Year)
5a. If married, widowed or divorced HUSBAND of (or) WIFE of FEUTULIA Robinson	22. 1 HEREBY CERTIFY, That Tallended deceased from
EDATE OF RIDAY (THE SAME 10.54	
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Oays If LESS than	to have occurred on the date stated above, at 23°am.
78 2 28 1 day,	The PRINCIPAL CAUSE OF DEATH and related causes of Importance
8 Trade profession or particular	Date of onset
kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Oata deceased last worked at this occupation (month and	Show of Paralysis
work was done, as SILK MILL, SAW MILL, BANK, etc.	A. (1000 A. (112)
10. Oata deceased last worked at this occupation (month and year)	1 the state of the
A. D. G. Jan & 2118	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) (Stata or country)	Excelle the, not to
13. NAME Leve Rolluso	mation. no tomisician in attendance.
13. NAME AVE KOLLOWS 14. BIRTHPLACE (city or town) W See See See See See See See See See S	Nama af oparation Curf Q Oate of
(State of count)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Cleu Wolers	23. If death was due to external causas (VIOLENCE) fill in also tha following:
16. BIRTHPLACE (city of town) Mary Long	Accident, suicide, or homicide?, 19, 19, 19, 19, 19, 19, 19, 19
(State or country)	Where did injury occur?(Specify city or town, county and State)
17. INFORMANT (Address)	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Date Date 1932	Nature of injury
19. UNDERTAKER DELECTION S	24. Was disease or injury in any way related to occupation of deceased?
(Adagess) Seel Mane	If so, specify
20. FILED FPL 21, 19.3 2 QO TO WELLEY REGISTRAT.	(Signed) M. C. (Address) M. C.
Registrar.	(nutress)

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I	51	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Company to the Compan	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
	age and the state of the state		
Other contributory causes of importance:		Other contributory causes of importance:	*
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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should state

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STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	(31)
County mersey CORPORATE LIN	Registration Dist. No. 265
Village or City (rusfield	No. Somewest are St., 2 Ward
	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?mosds.
2. FULL NAME James 19- Starling	24
(a) Residence: No. / Somerset are	St., Z Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH 3
5a. If married, widowed, or divorced HUSBAND of	(Month) (Day) (Year)
(or) WIFE of Jennie Sterling	22. I HEREBY CERTIFY. That I attended deceased from Clear De 1932, to Seff 3 1982
6. DATE OF BIRTH (month, day, end year) Mel 9 / 868	I last saw h alive on Deft 3 ,19 32; death is said
7. AGE Years Months Deys If LESS than 1 day,hrs.	to have occurred on the dete steted above, et 1. 30 Pm.
12 3 29 ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trede, profession, or particular kind of work done, es SPINNER, Alexendent SAWYER, BODKKEEPER, etc	coul su o) Henry Jun 32
9. Industry or business in which	Hereaflyia to ye
kind of work done, as SPINNER, Herenaum SAWYER, BODKKEEPER, etc. 9. Industry or business in which work wes done, as SILK MILL, SAW MILL, BANK, etc. 10. Dato deceased lest worked at this recursiting (month and	Cirral ming
11. Total time (years) spent in this occupation (month and year)	
12 PIDTURE OF GIVEN CHARLES	Other Contributory Canses of importance:
12. BIRTHPLACE (city or town) (State or country)	Olivera Dungalle
# 13. NAME & amis B Stelling	
4 14. BIRPHPLACE (city or town)	Name of operation Date of
(State of country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Ally Hoose 16. BIRTHPLACE (city or town)	23. If death was due to external causes (VIOL ENCE) fill in elso the following:
16. BIRTHPLACE (city or town) (State or country)	Accident, suicide, or homicide?
M. O. 11.	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT (Address)	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place My July Date July 1933	Neture of Injury
19. UNDERTAKER JOHN O Swallshim	24. Was disease or injury in any way related to occupation of deceased?
(Address)	If so, specify
20, FILEDY Th. 6, 1934 Registrar.	(Signed Surger Waller M. D. (Address) Waller Wide M. D.
Regultat.	(undiess)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example 1		Example II		
The principal cause of death and related cause of importance were as follows:	S Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
		GGAGGEN		
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

STATE OF MARYLAND	CERTIFICATE OF DEATH
1. PLACE OF DEATH	46
county Somerse	Registration Dist. No. 270
Village or City Posseld / h. fr. D	NoSt.,Ward
Length of residence in city or town where death occurred life mos	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?mosds.
2. FULL NAME Namey El Sterley	1
(a) Residence: No.	T CA Ward
(Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR, DIVORCED (write the word)	21. DATE OF DEATH
Jemes Jule Widow	(Moyth) (Day) (Year)
5a. If married, widowed, or divorted HUSBAND of The State Steries	22.
(or) WIFE of	Sopt 1 1932 to Sept. 26 1932
6. DATE OF BIRTH (month, day, and year) Mot Asmown	I last saw h_a alive on Sept. 22 , 19 32; death is said
7. AGE Nears Months Days If LESS than	to have occurred on the date stated above, at 3m.
about 72 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: Data of onset
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc	
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and	Paremova of Stoward 6 hosa
work was done, as SILK MILL, SAW MILL, BANK, etc.	
10. Date deceased last worked at this occupation (month and spant in this	
year) occupation	Other Contributory Causes of importance;
12. BIRTHPLACE (city or lown)	
(State or country)	
14. BIRTHPLACE (city or town)	
14. BIRTHPLACE (city or town) (State or country)	Name of operation
	What test confirmed diagnosis? C. Was there an autopsy? Lug.
H The state of the	23. If death was due to external causes (VIOLENCE) fill in also the following:
State or country)	Accident, suicide, or homicide? Date of injury, 19
17. INFORMANT Mrs. Milleam A. Barneo,	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Address) Cristiced, And	
18. BURIAL, CREMATION, OR REMOVED Date dout. 27, 1932	Manner of injury
Place Tolle Lot Date dy. A1 , 1932	Nature of injury
19. UNDERTAKER DE DAWYOU	24. Was disease or injury in any way related to occupation of deceased?
(Address) Cristella, Ala.	If so, specify
20. FILED Styl. d 1, 1934 ECOLLIAS	(Signed)
Registrar. If more blanks are needed, address State Registrar.	(Address) S No , 2211 N. Charles Street Baltimore, Requesting (1) S No ,

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street ear	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
BURKAU V S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

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42	

7 3 7	STATE OF MARYLAND—	CERTIFICATE OF DEATH
info sta UP	1. PLACE OF DEATH	10162
onld OCC	County Jonnesses	Registration Dist. No. 263
shor of O	Village or City Processor Course Gr. A	Ro. # 3 St., Ward
70		death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?
N. Every YSICIANS statement	2. FULL NAME Hookes Stewars	+
SIC tate	(a) Residence: No. Ringston	St., Ward.
	(Usual place of abode)	If nonresident give city or town and State
RECC. PF	3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
LY.	male col, OR DIVORCED (write the word)	(Month) (Day) (Year)
XMANENX XACTI	5a. It married, widowed, or divorced HUSBAND of (or) WIFE ot	22. I HEREBY CERTIFY. That I attended deceased from
[min]		I last saw h. A.d. alive on
PE d E rly cate	6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days It LESS than	to have occurred on the date stated above, at
IS A PE stated E properly certificate	87 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
	8. Trade, profession, or particular	Janeighned Orleval
THIS d be y be k of		O feleren ly
VK—T should it may n back	9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and specific property). Spent in this specific property is spent in this specific property.	Comment of the second
-	10. Date deceased last worked at this occupation (month and spent in this	mona juganes
AGE that	year) occupation	Other Coutributory Causes of importance:
d. d.	12. BIRTHPLACE (city or town) (State or country)	
UNFA supplied n terms, ee instr	≅ 13. NAME	
Date	13. NAME 14. BIRTHPLACE (city or towns)	Name ot operation 2222 Date of
ITH illy su plain	(State or country)	What test confirmed diagnosis? Cleaner was there an autopsy?
WITT efully in pla ant.	14. BIRTHPLACE (city or town) 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (Stete or country)	23. If death was due to external causes (VIDLENCE) fill in also the following:
INLY, W be carefu EATH in important	16. BIRTHPLACE (city or town)	Accident, suicide, or homicide Date of injury 19 19
E.A.	1 (State of County)	Where did injury occur? (Specify city or town, county and State)
A D G	17. INFORMANT (Address)	Specify whether Injury occurred in INDUSTRY, in HDME, or In PUBLIC PLACE.
	18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury
H a H ''	Place My Verner Date Dell 7, 1922	Nature of injury
mation CAUSH	19. UNDERTAKER Steine O. Herkens	24. Wes disease or injury in any way related to occupation of deceased?
T. B.	20. FILED Siff, 2 1932 Stark hay C. Hille	(Signed) And Market M. D.
Z (T	Régistrar.	(Address) I see Charles
	If more blanks are needed, address State Registrar,	2412 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be eomplete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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Example IEIVEL		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:		
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
Control of the Contro				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

V. S. No. 1 N. B. TION is very important. See instructions on back of certificate.

STATE OF	MARYL	AND-C	ERTIFIC	CATE	OF	DEATH
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1 (11 2 2 2)

1. PLACE C	F DEATH			(51)	0100
County	Somerset			Registration Dist. No.	60
Village or	city Princess	Anne		NoSt.,	Ward
Length of re	sidence in city or town where o	leath occurred		f death occurred in a hospital or institution, give its NAME instead of street and is	
2. FULL NA			de Value		
	nce: No.		49.74149	St. Ward.	
		(Usual plac		If nonresident give city or town and	State
	NAL AND STATIST	CAL PART	ICULARS	MEDICAL CERTIFICATE OF DEATH	
Male Male	4. COLOR OR RACE White	5. SINGLE, MA OR DIVORC	RRIED, WIDOWED,	21. DATE OF DEATH September 20 (Month) (Day)	, 193 2 (Year)
5a. If married, wido HUSBAND of (or) WIFE of	med, or divorced Mary F. Value	le		22. I HEREBY CERTIFY, That I attended	
6. DATE OF BIRTH	(month, day, and year) OC	tober	29,1856	August ,1930, to Sept 20 I last saw h i m alive on Sept 19 ,19 32	2. death Is said
7. AGE Ye	Months 10	Days 21	If LESS than 1 day,hrs.	to have occurred on the date stated above, at 4 . 15 A m. The PRINCIPAL CAUSE OF DEATH and related causes of importance	
kind of SAWYEI SAW MI	ession, or particular work done, as SPINNER, Re R, BOOKKEEPER, etc. business in which as done, as SILK MILL, ILL, BANK, etc. sed last worked at upation (month and 928	11, Total	time (years)	carcinoma of bladder	1930
year) _	city or town) New Yo	OC	ant in this cupation	Other Contributory Causes of Importance:	
1	Jesse R. Val	110			
H 14. BIRTHPLAC		nsylvar	ia	Name of operation Prostatectomy Date of] What test confirmed diagnosis? Was there an a	TAG
		ailey aware		23. If death was due to external causes (VIOLENCE) fill in also the following Accident, suicide, or homicide? Date of injury Where did injury occur?	1:
17. INFORMANT(Address)	B.R. Value Princess	Anne.	Maryland	(Specify city or town, county and Stat Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PL	e) AČE,
18. BURIAL, CREMA	TION OF REMOVAL	Date_9_/_	27 193)	Manner of injury	
19. UNDERTAKER(Address)	The xor	nife	un, su	24. Was disease or injury in any way related to occupation of deceased?. If so, specify	10
20. FILEO	12 ,1937	91/1	nik	(Signed) Princess Anne Maria	M. D.

If more branks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the decased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

V. S. No. 1 N. B.

20. FILED SEXT 14:1932 6

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	95-6
County & omersen within con	RPORATE LIMITS OF Registration Dist. No. 265
Village or City leus hield	negistration bist. No.
, (If	death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrsmos	ds. How long in U.S. if of foreign birth?wrsmosds.
2. FULL NAME Questus the as	al
(a) Residence: No. Personell Mil	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX Mule 4. COLOR OR BACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Lingle	21. DATE OF DEATH
5a. If married, widowed, or divorced HUSBAND of	
(or) WIFE of unlessour	1 HEREBY CERTIFY, That I ettended deceased from
6. DATE OF BIRTH (month, day, and year)	I last saw h alive on, 19; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, atm.
6 / 1 dey,hrs.	The PRINCIPAL CAUSE OF DEATH end related causes of importance were as follows:
9 Trade profession or satisfactor	no Physici - Whender
SAWYER, BOOKKEEPER, etc. Industry or business In which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this ceruation (work) this ceruation (month and the property of th	Fiell dead on
of Modustry or business In which work was done, as SILK MILL,	Streen probably
SAW MILL, BANK, etc	Rente platuti
this occupation (month end spent in this occupation cocupation	7 Henry
12. BIRTHPLACE (city or town) Prishill Und	Other Contributory Causes of importance:
(State or country)	
I 13. NAME UNIS MANA MANA	
14. BIRTHPLACE (city or town) lensfield mix	Name of operation
(State of country)	What test confirmed diagnosis? Was there an autopsy?
16. BIRTHPLACE (city or town) levisfield mo	23. If death was due to external causes (VIOL ENCE) fill in also the following:
O 16. BIRTHPLACE (city or town) (State or country)	Accident, suicide, or homicide? Date of injury, 19
- (State of county)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT WEN MICHAEL (Address)	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manager of the same of the sam
Place Trispilla Cen Date Sept 14 1952	Manner of injury
CA 12. 10	Nature of injury
19. UNDERTAKER Child Maleshau	24. Was disease or injury in any way related to occupation of deceased?

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

(Address) ____

Registrar.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I Example II The principal cause of death and related causes Date of onset The principal cause of death and related causes Date of onset of importance were as follows: of importance were as follows: Attack of epilepsy Arteriosclerosis 1915 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage Julu 5.1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1,1923 Gastroenteritis 1 year

ADDITIONAL S	PACE FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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STATE (OF MARYLAND—	CERTIFICATE OF DEATH 10165
County Strain	24	Posistrating Diet No. 2 (08
1 1 2	A	Registration Dist. No.
Village or City // Lan	July (li	No. St, Ward death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where	death occurredmrsmos	ds. How long In U. S. it of foreign birth?yrsmosds.
2. FULL NAME	Websels	
(a) Residence: No.	(Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATIST		MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR-DIYORCED (write the word)	21. DATE OF DEATH (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of		
(or) WIFE of		22. HEREBY CERTIFY This 1 attended deceased from
6. DATE OF BIRTH (month, day, and year)	Sem 14/32	I last saw han allve on 8 fm / 8 , 193 Z; death is said
7. AGE Years Months	Days If KESS than	to have occurred on the date stated above, at
	5 1 day, hrs. or min.	The PRINCIPAL CAUSE OF DEATH and related enuses of importance were as follows
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BDDKKEEPER, etc.		Sallins Herrelorum
SAWYER, BODKKEEPER, etc.		
Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	***************************************	
	11. Total time (years) spent in this	
year)	occupation	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) (State or country)	o ong	
	Neligh	and whopily a viassay
14. BIRTHPLACE (city or town) M. L.	none a Md	Name of operation
(State or country)		What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Color	Thomas	23. If death was due to external causes (VIDLENCE) fill in also the following:
15. MAIDEN NAME () 16. BIRTHPLACE (city or town) / A-Q	/	Accident, sulcide, or homicide? Date of injury, 19
(State or country)		Where did injury occur? (Specify city or town, county and State)
17. INFDRMANT Of affair (Address)	husler	Specify whether Injury occurred In INDUSTRY, in HDME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, DR REMDVAL	1 1	Manner of Injury
Place Merrya	Date 04201937	Nature of injury
19. UNDERTAKER mud	skebster.	24. Was disease or injury in any way related to occupation of deceased?
(Address) Neals	Island	If so, specify
20. FILED 20 1932 (R	orawehter	(Signed) M. D.
	Registrar.	(Address) (JA AA - Lf

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street ear	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
		•		
\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	
		·		
·				

M	item of infor-	should state	of OCCUPA.	6
	N. BWRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-	
MARGIN RESERVED FOR BINDING	RENT RE	XACTLY.	classified. Ex	
ID FOR DI	HIS IS A PEI	be stated E	be properly	TION is very important. See instructions on back of certificate.
reserve	NG INK-TE	AGE should	that it may	ions on back
MARGIN	TH UNFADI	ly supplied.	lain terms, so	See instruct
	LAINLY, WI	ild be careful	DEATH in p	ry important.
	-WRITE P	mation shor	CAUSEOF	TION is ve
	N. B			

STATE OF MARYLAND-	CERTIFICATE OF DEATH 10100
1. PLACE OF DEATH	
County Donnes	Registration Dist. No. 260
Village or City May Co & Church mix	No. St, Ward death occurred in a hospital or institution, give its NAME instead of street and number)
	death occurred in a notification institution, give its INAIVIE instead of street and number) [
Va 111	
2. FULL NAME Story Wray	
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
Fresh Cof OR DIVORCED (write the word)	(Mogra) (Day) (Year)
5e. If married, widowed, or divorced HUSBAND of	
(or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased from
)	, 19 , to
6. DATE OF BIRTH (month, day, end year) 7. AGE Years Months Devs If LESS than	I last saw h alive on, 19; death is said
7. AGE Years Months Deys If LESS than I day,	to have occurred on the data stated above, atm. The PRINCIPAL CAUSE OF DEATH and related causes of importance
ormin.	were as follows: Oate of onset
8. Trade, profession, or particular kind of work done, as SPINNER,	
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Industry or business in which work wes done, es SILK MILL, SAW MILL, BANK, etc 10. Date deceased last worked et this occupation (month and	Interestives ;
a Industry or business in which Out and work wes done, es SILK MILL, SAW MILL, BANK, etc.	Mosf
10. Date deceased last worked et 11. Total time (years)	
this occupation (month and spant in this occupation year)	Ap N. in allindans
	Other Coutributory Causes of importance:
12. BIRTHPLACE (city or town) (State or country)	
13. NAME LICENSON 14. BIRTHPLACE (city or town)	
4. BIRTHPLACE (city or town) (State or country)	Name of operation
(State of Edutity)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME 16. BIRTHPLACE (city er town)	23. If death was due to external causes (VIOLENCE) fill in also the following:
0 16. BIRTHPLACE (city er town)	Accident, sulelde, or homicide? Date of injury, 19
(State or country)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT CLY Con Bours (Address)	Specify whether Injory occurred In INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place of Cure modate Nepf-131937	Nature of injury
IMM)	
19. UNDERTAKER James	24. Wes disease er injuryin any wey related to occupation of deceased?
(Address) (for taugh on)	If so, specify
20. FILED 9/17 , 1937 9 Unul	(Signed) & State of the State o
Registrar.	Woodless)
Ty more visings are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL S	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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